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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). I hereby appoint: x Practitioners associated with the Customer Number: 47653 Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 47653 The address associated with Customer Number: OR Firm or Individual Name Address City Zip Country Telephone Email Assignee Name and Address: EMC CORPORATION 176 South Street Hopkinton, MA 01748 UNITED STATES OF AMERICA A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 2/14/06 Name Krishnendu Gupta Telephone 508-435-1000

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Associate General Counsel

PTO/SB/82 (01-06) Approved for use through 12/31/2008, OMB 0651-0035

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND
 Application Number
 09/852/580

 Filling Date
 May 10, 2001

 First Named Inventor
 Joanshan J. Barrow

 Art Unit
 2667

 Examiner Name
 Ly, Anhy Vu H.

 Attorney Docket Number
 EMO01-13

CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all previous powers of attorney given in the above-identified application.									
✓ A Power of Attorney is submitted herewith.									
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I hereby appoint the practitioners associated with the Customer Number:									
Please change the correspondence address for the above-identified application to:									
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I am the: Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	/David E. Hua	d E. Huang/							
Name	David E. Hua								
Date	October 16, 2				elephone	(000) 010 200			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
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